



**YES,** I'd like to participate in The Accommodation Program.<sup>®</sup>

Please send me the FREE Source Book and FREE materials at those

Your Name [Please print clearly] \_\_\_\_\_

Your Title \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address (No P.O. boxes please) \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

State \_\_\_\_\_

Fax \_\_\_\_\_

Zip \_\_\_\_\_

**[Check All That Apply]**

- Restaurant  Fine Dining  Midscale  Quick Service
  - Hotel  Bowling Center  Shopping Mall  Stadium/Arena  Bar/Tavern  Airport
  - Association  Casino  Other (please specify) \_\_\_\_\_
  - Chain Operator  Local  Regional  National
  - Independent Operator
- Number of Locations \_\_\_\_\_



\*2061038301\*

Yes, you may use my establishment's name as a participant of The Accommodation Program for consumer listings, advertising, and other promotional materials without further notice or payment of any fee or expense to me or my establishment as per my signature below.

Signature \_\_\_\_\_

The Accommodation Program, Inc., 1000 Peachtree Street, N.E., Atlanta, GA 30367